



ARIZONA STATE RETIREMENT SYSTEM (ASRS) APPLICATION TO RESCIND, REVERT OR CHANGE CONTINGENT ANNUITANT INSTRUCTIONS

Questions? Please contact:
Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
www.azasrs.gov

Section 1 – Member Information

Enter your Social Security number (SSN), print your full legal name, and place an “X” in the appropriate marital status box.

Section 2 – Election of Option

Review the three options and choose **one** option by placing an “X” in the appropriate box.

- **Rescind** – You are electing to change your current Joint & Survivor or Term Certain annuity option to a Straight Life annuity option. If you have not recovered the total employee contributions plus interest on your account at the time of your death, your account balance will be payable in a lump sum to your named beneficiary.
 - Members who retired *on or after August 9, 2001, and before July 1, 2008*, with a Term Certain option may rescind (Arizona Revised Statutes (A.R.S.) § 38-760). If a member retired prior to August 9, 2001, with a Term Certain option, the member may **not** rescind.
 - Members who retired *on or after July 1, 2008*, with a Joint and Survivor option may rescind **only if** their contingent annuitant or beneficiary dies or is no longer eligible due to divorce (A.R.S. § 38-760). If a member retired prior to *July 1, 2008*, with a Joint and Survivor option, there are no restrictions.
 - Members who retired *on or after July 1, 2008*, with a Term Certain option may rescind **only if** their contingent annuitant or beneficiary dies or is no longer eligible due to divorce (A.R.S. § 38-760).
- **Change Designated Contingent Annuitant or Beneficiary** – You are changing the contingent annuitant or primary beneficiary who will continue receiving monthly benefits upon your death.
- **Revert** – You are electing to change your current Straight Life annuity option back to your original Joint & Survivor or Term Certain annuity option. This election is only available to members who retired prior to *July 1, 2008*.

Section 3 – New Beneficiary Information

The beneficiary you name will be considered your contingent annuitant or primary beneficiary and will be first to receive any funds upon your death.

- **Contingent Annuitant for Optional Premium Benefit Program** - If you elected the Optional Premium Benefit Program upon retirement, check *Yes*, otherwise check *Not Applicable*.
- **Percentage of Benefit** – Enter the percentage of eligible funds you would like to assign. If you retired under a Joint and Survivor annuity option, the percentage must be 100%. If you retired under a Term Certain annuity option and you have more than one beneficiary, please obtain a beneficiary form from our website to complete the information.

Section 4 – Spousal Consent

Effective July 1, 2013, married members of the ASRS are required to designate their current spouse as primary beneficiary to receive at least 50% of their account or elect a Joint and Survivor annuity option unless the spouse consents to an alternative, per A.R.S. §§ 38-755, 38-760 and 38-776.

- Members who are married must obtain spousal consent if you elect to rescind, revert or change your beneficiary/contingent annuitant and the election or change does not provide the minimum 50% spousal benefit required by statute.
- Members who are married are required to name and maintain their current spouse as a beneficiary to receive at least 50% of their account (A.R.S. § 38-755).
- Members who retired *on or after July 1, 2013* and are married are required to elect a Joint and Survivor annuity option (A.R.S. § 38-776).

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INSTRUCTIONS

- A current spouse may waive the requirements per A.R.S. §§ 38-755, 38-760 and 38-776 and consent to one of the following requirements:
 1. A change of beneficiary that provides the member's current spouse with less than 50% of the member's account balance.
 2. The member's retirement application that does not name the member's current spouse as a contingent annuitant of a joint and survivor annuity.
 3. A change or rescission of the member's current spouse's contingent annuitant status.

Note: Spousal consent may be revoked prior to the earlier of the day prior to member's date of death or any ASRS benefit disbursements by filing a written revocation with the ASRS.

Section 5 – Notarization of Spouse's Signature

This section is the required notarization of your spouse's signature.

Section 6 – Supporting Documentation Attached

Check the box for all required documents you are including with this application. Copies of these documents are acceptable.

Required Documents

Rescind

Documentation of qualifying event (if you retired on or after *July 1, 2008*): Death Certificate or Qualified Domestic Relations Order (DRO)/Divorce decree

Change in Contingent Annuitant (Joint and Survivor only)

Documentation of new contingent annuitant's date of birth: Contingent Annuitant's Birth Certificate or Driver's License

Revert (only if you retired prior to *July 1, 2008* under Joint and Survivor)

Documentation of new contingent annuitant's date of birth: Contingent Annuitant's Birth Certificate or Driver's License

Effective Date

The effective date of your request is the date on which the last document required to make the change is received by the ASRS. Your completed form, or written request with the required information, and all required documents must be received in the ASRS office the day prior to your date of death to be honored by the ASRS.

Sign, Date and enter your phone number.



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PLEASE PRINT

COMPLETE AND SEND TO:
ASRS – Financial Services
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
Fax (602) 240-2096
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings.

Complete all requested information. The effective date of your request is the date on which the last document required to make the change is received by the ASRS. Your completed form, or written request with the required information, and all required documents must be received in the ASRS office by the day prior to your date of death for your request to be honored by the ASRS.

SECTION 1 – Member Information

Social Security Number	Member Name (Last)	(First)	(Middle Initial)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
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SECTION 2 – Election of Option (Check one of the following options.)

☐ **Rescind** my Joint & Survivor or Term Certain annuity option and continue my retirement benefit based on the Straight Life annuity option.

- By this action, and my signature below, I am aware that my designated beneficiary/contingent annuitant will not continue with monthly benefits after my death.
- I am aware a copy of my current beneficiary/contingent annuitant's **death certificate OR a Qualified Domestic Relations Order is required** if I retired on or after *July 1, 2008*.
- At the time of my death, if I have not recovered the total employee contributions plus interest on my account, the balance will be payable in a lump sum to the beneficiary named on this document.

☐ **Change Designated Contingent Annuitant or Beneficiary**

For Joint and Survivor retiree:

- By this action, and my signature below, the beneficiary/contingent annuitant named on this document will receive the previously elected percentage amount of my monthly benefit for his/her lifetime following my death.
- I am aware that a copy of the beneficiary/contingent annuitant's **birth certificate is required** and my benefit will be recalculated based on my current age and that of my new beneficiary/contingent annuitant.
- I am in compliance with the age difference limitations in accordance with the Arizona Administrative Code R2-8-126.

For Term Certain retiree:

- By this action, and my signature below, the beneficiary/contingent annuitant named on this document will receive the remaining term of monthly payments.

☐ **Revert** from the Straight Life annuity option to my original Joint and Survivor or Term Certain annuity option.
(This option is only available if you retired prior to July 1, 2008.)

For Joint and Survivor retiree:

- By this action, and my signature below, the designated beneficiary/contingent annuitant named on this document will receive the previously elected percentage amount of my monthly benefit for his/her lifetime following my death.
- I am aware that a copy of the beneficiary/contingent annuitant's **birth certificate is required** and my benefit will be recalculated based on my current age and that of my contingent annuitant.
- I am in compliance with the age difference limitations in accordance with the Arizona Administrative Code R2-8-126.

For Term Certain retiree:
(This option is only available if the term of your original option has not expired.)

- By this action, and my signature below, the beneficiary/contingent annuitant named in this document will receive the amount of my monthly benefit for the remainder of the term following my death.



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Social Security Number	Member Name (Last)	(First)	(Middle Initial)
SECTION 3 – New Beneficiary Information – Required			
Complete beneficiary/contingent annuitant information for your selection in Section 2.			
Beneficiary/Contingent Annuitant SSN or EIN*	Bene/Cont Annuitant Name (Last)	(First)	Contingent Annuitant for Optional Premium Benefit Program? <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Trust Name* (Only applicable if you are electing to rescind Joint and Survivor or Term Certain OR if you are electing to revert to Term Certain.)			
Birth Date (MM/DD/YYYY)	Gender (Check one.) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check one.) <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Daytime Telephone Number ()
Mailing Address			
City	State	ZIP	Percentage of Benefit _____ %
SECTION 4 – Spousal Consent (Spouse to initial all that apply.)			
Married members of the ASRS are required to designate their current spouse as primary beneficiary to receive at least 50% of their account or elect a Joint and Survivor annuity option unless the spouse consents to an alternative, per A.R.S. §§ 38-755, 38-760 and 38-776.			
_____ I consent to my spouse making a beneficiary designation that provides me with less than 50% of my spouse's account balance.			
_____ I consent to my spouse electing a retirement option other than a Joint and Survivor annuity.			
_____ I consent to my spouse changing or ending my contingent annuitant status.			
Note: Spousal consent may be revoked prior to the earlier of the day prior to member's date of death or any ASRS benefit disbursements by filing a written revocation with the ASRS.			
Spouse Name (print)		Phone Number ()	
Spouse Signature		Date	
SECTION 5 – Notarization of Spouse's Signature (if Section 4 is completed)			
State of _____) County of _____)			
On this _____ day of _____, 20____, before me personally appeared _____ (name of signer)			
whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.			
(seal) _____ Notary Public _____			
My commission expires _____			
SECTION 6 – Supporting Documentation Attached (Check items attached to this form.)			
<input type="checkbox"/> Death Certificate <input type="checkbox"/> Birth Certificate/Driver's License <input type="checkbox"/> Previously submitted			
<input type="checkbox"/> Qualified Domestic Relations Order (DRO)/Divorce Decree <input type="checkbox"/> Other _____			
Member Signature	Date	Phone Number ()	